

2004 PRIMARY CARE PHYSICIAN* SURVEY

NAME OF HEALTH CARE FACILITY _____

COUNTY _____

Submitted by _____

Date _____

Telephone Number (____) _____

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Name of Primary Care Physician/ Address of Practice/Telephone #	Primary Specialty*	Age	Direct Patient Care		Hours/wk for Other**	% of time/week w/Medicaid patients	% of time/week w/Sliding Fee patients
			Hours/wk in Office	# Hospital Hours/wk			

THIS FACILITY IS CURRENTLY RECRUITING (Provide Number(s)): _____ FP _____ OB/GYN _____ IM _____ PED

*PRIMARY CARE PHYSICIANS INCLUDE: General Practice (GP); Family Practice (FP); General Gynecology (GYN); Obstetrics/Gynecology (OB/GYN); Internal Medicine (IM); and Pediatrics (PED).

**HOURS SPENT IN COMPLETING ADMINISTRATIVE WORK, CONDUCTING RESEARCH OR TEACHING.

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(Information collected from previous survey)

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